## LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

/07 Lobbylst's Registration Number

<ul> <li>Print in ink or type.</li> <li>Complete form and return with \$110 registration fee to the Board of Ethics.</li> </ul>	len-08 l∰ 1271 \$110 € <i>BC</i> L 1071192
Family Mil	1071192
2. BUSINESS PHONE 225-752-02-58 Area Code and Phone Number	
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Street and No. City Spec Z  MAILING ADDRESS SPEC	Maria Separation of the separa
	<b>7</b> 5 5 5
S. EMPLOYER'S ADDRESS	
Screen and No. City State Zip	
b. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each suc organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization (d) whether or not the client or someone else pays you to lobby.  Name Woman's Hospital Woman's Hall Fourthelps  Address 1.0.004, 95009, Better Rouge, LA 70895-9009  Business or purpose 1050441, health care services  Does this person pay you? 485	on or group;

## LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

,	. Name	
	. Nanc	
	Address	2277
	Business or purpose	
	Does this person pay you?	
	If No, who pays you?	4_3
3.	Name	
	Address	
	Business or purpose	
	Does this person pay you?	
	If No. who pays you?	
	Namic	
	Address	3A92
	Business or purpose	
	Does this person pay you?	
	If No, who pays you?	**
		A 2004 (AA) AA

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

gnature of Lobbying

Ferre 500, Rev. 10/000